## Attachment A

## 510(k) Summary of Safety and Effectiveness

Date Prepared:

September 15, 1999

Submitter:

Newwave Medical, LLC

1538 Haven Place Allen, TX 75002 (972) 396-5400

Contact Person:

Robert Armstrong

Trade (Proprietary) Name:

Ultra Garment Electrode

Common/Classification Name:

Cutaneous Electrode

Device Classification:

Class II

**Predicate Devices:** 

SMD Electrodes (k943009) Electro-Mesh Glove Electrodes Prizm Medical (K932299)

Description of the Device

The Ultra Garment Electrode is a Stretchable

Electrically Conductive glove, sock, or sleeve,

Reusable.

Statement of Intended Use:

The "Ultra Garment Electrode" is intended to be used as an electrically conducting garment to be prescribed for usage by a physician for use where

an electrode is appropriate.

Technological Characteristics: The new device has the same technological

characteristics as the predicate devices. See Table 1 (next page) for a summary of the new device in comparison to those of the predicate

devices.



Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

DEC 1 7 1999

Robert Armstrong Newwave Medical LLC. 1538 Haven Place Allen, TX 75002

Re: K993130

Trade Name: Ultra-Garment Electrodes

Regulatory Class: II Product Code: GXY

Dated: September 15, 1999 Received: September 20, 1999

## Dear Mr. Armstrong:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the current Good Manufacturing Practice requirement, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic (QS) inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

## Page 2 – Robert Armstrong

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4659. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or at (301) 443-6597, or at its Internet address "http://www.fda.gov/cdrh/dsmamain.html".

Sincerely yours,

James E. Dillard III

Acting Director

Division of General and

Restorative Devices

Office of Device Evaluation

Center for Devices and Radiological Health

Enclosure

	SIO(K) NUMBER (IF KNOWN): 1993/30  DEVICE NAME: ULTRA-GARMENT  INDICATIONS FOR USE:	
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TRANSCUTAINE	ENTS: ARE USED WITH LEGALY MARKETED HOUS ELECTRICAL NERVE STIMULATORS, ( <u>T.E.N.S.</u> ), HIGH AVINIC STIMULATORS, ( <u>H.V.P.G.</u> ), AND INTERFERENTIAL.	:
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Concurrence of CDRH, Office of Device Bvaluation (

Prescription Use (Per 21 CFR 801.109)

(Division Sign-Off)

510(k) Number \_\_\_

**Division of General Restorative Devices** 

OR

Over-The-Coun (Optional F